

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

wesley sommerville

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

The city of New York

NY P.O. Arthur Green shield no.6119

Maurice Brown(ny sanitation worker)

john doe 1(ny sanitation worker)

john doe 2(ny sanitation worker)

MATSUMOTO, J.
BLOOM, M.J.

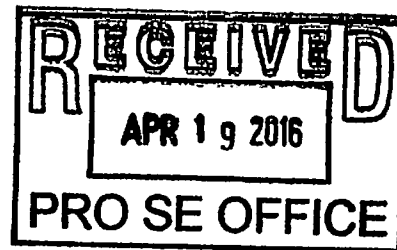
(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

ORIGINAL

01988 PLAINT

under the
Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)

Jury Trial: ☒ Yes ☐ No
(check one)



I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

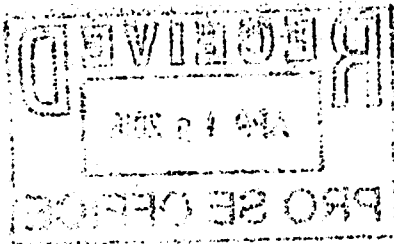
Plaintiff Name Wesley Sommerville
ID # _____
Current Institution _____
Address 23655 smithtown rd
Excelsior MN,55331

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name The City of New York Shield # _____
Where Currently Employed _____
Address _____

ORIGINAL

J. OTOMUSTAM



Defendant No. 2 Name P.O Arthur Green Shield # 6119
Where Currently Employed NYPD
Address _____

Defendant No. 3 Name Maurice Brown Shield # _____
Where Currently Employed NY Sanitation
Address _____

Defendant No. 4 Name john doe 1 Shield # _____
Where Currently Employed NY Sanitation
Address _____

Defendant No. 5 Name john doe 2 Shield # _____
Where Currently Employed NY Sanitation
Address _____

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur?

B. Where in the institution did the events giving rise to your claim(s) occur?

C. What date and approximate time did the events giving rise to your claim(s) occur?
On or about October 25th 2013 at approximately 9am

D. Facts: Plaintiff was attacked by defendant Maurice Brown NY sanitation worker and 2 of his co workers John doe 1 and John doe 2 in Brooklyn NY

What happened to you?

Who did what?

Defendants John doe 1 and 2 held the plaintiff down while defendant Maurice Brown punched the plaintiff in the face and stomped and kicked the plaintiff in the face and back

P.O. Arthur Green arrested the plaintiff even though the plaintiff was the victim and had called 911 for help and it was 3 against 1 and all witnesses corroborated the plaintiff's statement.

The city of New York failed to properly prosecute the defendants because they were city workers.

Was anyone else involved?

Who else saw what happened?

the customer and the super of the building as well as several other witnesses

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. both knees were busted and bleeding, bruises about the face and back. I was taken to the hospital where they took xrays and treated the bloody knees and I was given ice to put on my face for the swelling. my knee still needs surgery.

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ___ No ☒

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ____ No ____ Do Not Know ____

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ____ No ____ Do Not Know ____

If YES, which claim(s)? _____

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ____ No ____

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ____ No ____

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

1. Which claim(s) in this complaint did you grieve? _____

2. What was the result, if any? _____

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. _____

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: _____

2. If you did not file a grievance but informed any officials of your claim, state who you informed,

when and how, and their response, if any: _____

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. _____

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). P.O. Arthur Green should be disciplined for false arrest and any other rules he broke, Defendants Maurice Brown and John Doe 1 and John Doe 2 should be terminated from the NY Department of Sanitation immediately, and the City of New York should be made to pay the plaintiff \$10 million

VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes _____ No ☒

On
these
claims

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ____ No ____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

On
other
claims

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes ____ No ____

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ____ No ____

If NO, give the approximate date of disposition _____

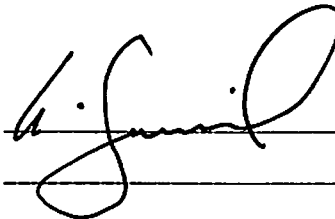
7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

I declare under penalty of perjury that the foregoing is true and correct.

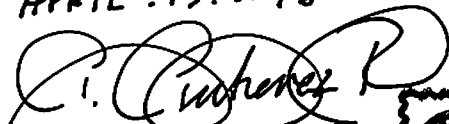
Signed this 15 day of APRIL, 2016.

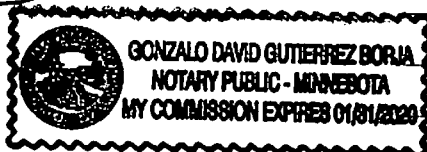
STATE of MINNESOTA
HENNEPIN COUNTY
APRIL 15, 2016

Signature of Plaintiff



Institution Address


NOTARY PUBLIC



Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

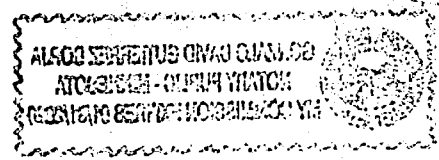
I declare under penalty of perjury that on this _____ day of _____, 20____, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff: _____

[Handwritten signature]

RECEIVED

MEMORANDUM TO THE
ATTORNEY GENERAL
JULY 10, 1964



[Handwritten signature]
DIRECTOR